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NOT WHILE AT WORK 20a. PLACE OF INJURY (e.g., in or about home, port in the date stated above, and to the best of my knowledge, from the causes stated. 20a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23d. LOCAT		NO O				š	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was	
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REMOVAL (Specify) 1-12-1963 MT. Lebanon ST. Louis Co Mo	F	L	Ĺ		\ VIT	- I	38. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	
ADDRESS 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. PEGISTRA'S SIGNATURE ADDRESS 1-1-6-3			į		FID		DEMOVAL (Specify)	10
			¥		BY AF	2	O'SULLIVAN-MUCKLE-KRON MORTUARY 25. DATE RECD. BY LOCAL REG. 26. PEGISTRAY'S SIGNATURE 1-11-63	N.A.

(Licensed Embalmer's Statement on Reverse Side)

Or Stable
7124 Natl Bridge

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STATEMENT BY LICENSED EMBALMER

working under my personal supervision.	illes + Markill
Signature of Student Embalmer Signature	may mayare
	Licensed Embalmer No. 3077

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.